MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04720

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Fishing Creek | LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fishing Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Fishing Creek
STREET ADDRESS (If rural, give location): Fishing Creek

3. NAME OF DECEASED (Type or Print): (First) OSCAR (Middle) (Last) AARON
4. DATE OF DEATH: (Month) May (Day) 7, (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-21-1872
9. AGE last birthday: 76 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Dorchester Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Matthew Aaron
14. MOTHER'S MAIDEN NAME: Sarah E. Hooper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Jennings Aaron

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic hypertensive cardio-vascular disease.	Several years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Death occured two hours after fall.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: on boat | (CITY OR TOWN): H onga River | (COUNTY): Dor. | (STATE): Md.
TIME OF INJURY (Month) May (Day) 8 (Year) 49 (Hour) 11 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Fell on deck of boat.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John Mace, Jr. MD | (Degree or title): Deputy Medical Examiner | ADDRESS: Cambridge, Md. | DATE SIGNED: 5/9/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5-9-49 | NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park | LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REG.: May 10, 1949 | REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.

24. FUNERAL DIRECTOR: LeCompte's Funeral Service | ADDRESS: Cambridge, Maryland

RECEIVED
MAY 11 1949
BUREAU Y. S.

DATE OF DEATH: Film G120 5-23-49 LL

MARYLAND STATE DEPARTMENT OF HEALTH

04721

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Cambridge — LENGTH OF STAY (in this place) 1 Yr - 1 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHILDS
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Franklin	Blake.	May	15,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Male	White	Widowed	Nov. 10, 1863	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer -
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cecil County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Kennard Blake
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: None.
17. INFORMANT: Records Eastern Shore State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	May 9, 1949
434.3 Antecedent cause(s)	(b) Generalized Arteriosclerosis	1932?
95c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cardiac hypertrophy.	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 18, 1948, to May 15, 1949, that I last saw the deceased alive on May 15, 1949, and that death occurred at 10:40 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R G Blackwelder	M.D.	Cambridge, Md	5/15/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-18-49	Leeds Cemetery	Elkton Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 17, 1949	John Mace, J. M.D.	H. W. Pippin & Son	Elkton Md.

VS. A15

RECEIVED
MAY 18 1949
BUREAU V. S.

04722

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 213 Cedar St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Cambridge~~ Rhodesdale
STREET ADDRESS (If rural, give location) ~~213 Cedar~~ Box 193

3. NAME OF DECEASED (Type or Print) (First) ALVON ~~Baby~~ (Middle) LINNELL (Last) Clark

4. DATE OF DEATH (5) (Month) (Day) 8 (Year) 1949

5. SEX M
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) infant
8. DATE OF BIRTH 5-6-49
9. AGE last birthday yrs. If under 1 year: Months. Days 2 1/2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Fred Thompson, JR.
14. MOTHER'S MAIDEN NAME Mabel Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mabel Clark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature - (more definite - not determined) 2 1/2 days

776 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1949, to May 8, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 8 15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Edwin Fassett
ADDRESS 300 Muir Cambridge
DATE SIGNED 5-9-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5-9-49
NAME OF CEMETERY OR CREMATORY Salem Cemetery
LOCATION (City, town, or county) (State) Salem, Maryland

DATE REC'D BY LOCAL REG. May 10, 1949
REGISTRAR'S SIGNATURE John Mace, Jr. M.D.
24. FUNERAL DIRECTOR Charles Camper, East New Market, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04723

CERTIFICATE OF DEATH

Reg. Dist. No. 111

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market — LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Furman (Middle) B (Last) Clifton

4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 49

5. SEX: male

6. COLOR OR RACE: white-Am.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12/29/1871

9. AGE last birthday: 77 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Vienna Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Furman B Clifton

14. MOTHER'S MAIDEN NAME: Catherine A. Corkran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Furman B. Clifton III

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 5 minutes

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis — 5 yrs +

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 45, to May 27, 19 49 that I last saw the deceased alive on May 26, 19 49 and that death occurred at 5:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) WC Harrison MD — ADDRESS Hurlock Md. — DATE SIGNED 5/28/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE 5/29/49 — NAME OF CEMETERY OR CREMATORY East New Market — LOCATION (City, town, or county) East New Market — (State) Md

DATE REC'D BY LOCAL REG. 5/28/49 — REGISTRAR'S SIGNATURE Elizabeth C. Smith — 24. FUNERAL DIRECTOR J.B. Willoughby — ADDRESS East New Market Md

RECEIVED
JUN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04724

CERTIFICATE OF DEATH

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rhodesdale | LENGTH OF STAY (in this place): 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Shiloh

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rhodesdale - Rural
STREET ADDRESS (If rural, give location): Near Shiloh

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	E.	Cornish	May	18	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Widowed	March 5, 1865	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Bridgeville Delaware	U.S.A.

13. FATHER'S NAME: Elijah Smullend

14. MOTHER'S MAIDEN NAME: Mary —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	None	Daisy May Cornish

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	6 Mos.
Antecedent cause(s)	(b) Arteriosclerotic Heart Disease	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

420.0
93d.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-21-, 1948, to 5-18-, 1949, that I last saw the deceased alive on 5-17, 1949, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edwin Farrell	M.D.	300 Main Cambridge Md.	5-19-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 22, 1949	Rhodesdale Cemetery	Rhodesdale, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 22-49	Creed W Hastings	J. J. Trampton and Son	Federalsburg, Md.

VS. A15

RECEIVED
MAY 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04725

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
   LENGTH OF STAY (In this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Front of 527 Oakley St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
   STREET ADDRESS (If rural, give location) 527 Oakley Street

3. NAME OF DECEASED (Type or Print): (First) DIANE (Middle) DEVOS (Last)

4. DATE OF DEATH: (Month) May (Day) 15, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/16/1946

9. AGE last birthday: 2 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): - - - - -

10b. KIND OF BUSINESS OR INDUSTRY: - - - - -

11. BIRTHPLACE (State or foreign country): Elizabeth City, NorthCar

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry S. Devos

14. MOTHER'S MAIDEN NAME: Margaret Hauch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: - - - -

17. INFORMANT: Mr. Henry S. Devos

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812.5
170c

Immediate cause (a) Intracranial injury due to multiple fracture of skull.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Crushing wound of chest.
(c)

INTERVAL BETWEEN ONSET AND DEATH: Instant

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Front of home., (CITY OR TOWN) Cambridge, (COUNTY) Dorchester, (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): 5-15-49 5:30P m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Struck by automobile.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Mace J. M.C. (Degree or title) ADDRESS Deputy Medical Examiner, Cambridge, Maryland DATE SIGNED May 17, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 5/17/1949 — NAME OF CEMETERY OR CREMATORY Dorchester Memorial Pk — LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. May 17, 1949 — REGISTRAR'S SIGNATURE John Mace J. M.C.

24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge, Maryland.

VS. A15A

RECEIVED
MAY 18 1949
BUREAU V. S.

Evidence for addition of sex, color and marital status is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 120 MAY 25 1949

CERTIFICATE OF DEATH

04726

Reg. Dist. No. 11-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Dorchester — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Dorchester — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Goldsborough Ave.	STREET ADDRESS (If rural give location): Goldsborough Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Holmes	Boyd	Dix	May	13,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	WIDOWED	April 19, '82	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Paperhanger		Boyce, Va.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
A. Scott Dix	Mary Ritter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mrs. A. H. Adkins, Goldsborough Ave., Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	15 min.
420.0 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerotic Heart Disease	3 years
	(c) Parkinson's Disease	3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	none	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 3, 1949, to May 13, 1949, that I last saw the deceased alive on May 13, 1949, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Laurence Manganor	M.D.	Cambridge, Md	5/14/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/15/'49	Dorchester Mem. Park	Cambridge	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-17-1949	[illegible]	Kenneth R. Thomas	Cambridge Md

RECEIVED
MAY 18 1949
BUREAU V. S.

04727

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cambridge
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cambridge
STREET ADDRESS (If rural give location) RFD # 2

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) WAYNE DRYDEN

4. DATE OF DEATH (Month) (Day) (Year) May 28, 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 11/20/1948
9. AGE last birthday yrs. If under 1 year Months 6 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - - - -
10b. KIND OF BUSINESS OR INDUSTRY - - -
11. BIRTHPLACE (State or foreign country) Cambridge, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Clarence Dryden
14. MOTHER'S MAIDEN NAME Helen Ruark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT Mr. Clarence Dryden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
751 Immediate cause	(a) Loss of spinal fluid and spinal cord pressure	One month
157a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Spina bifida with myelomeningocele, congenital	Congenital
	(c) Hydrocephalus; spasticity of lower extremities	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1949, to May, 1949, that I last saw the deceased alive on May 18, 1949, and that death occurred at 8 45 A.m., from the causes and on the date stated above.

SIGNATURE Carlton Brinsfield M.D. (Degree or title) ADDRESS High and Spring Sts. Cambridge, Md. DATE SIGNED 5-28-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/28/1949
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Pk
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. 5-31-1949
REGISTRAR'S SIGNATURE John Mace, Jr.
24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 2 1949
BUREAU V. S.

Evidence for chrrection of date of death is on:

FILM No. G 120 MAY 20 1949

04728

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester CO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 146 Washington St

3. NAME OF DECEASED (Type or Print) (First) Maggie (Middle) Ennels (Last)

4. DATE OF DEATH (Month) May (Day) 6 (Year) 1949

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH May 21 1899
9. AGE last birthday 49 yrs. If under 1 year Months 11 Days 14 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Linkwood Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wesley Hollies
14. MOTHER'S MAIDEN NAME Harriett Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Aileen Ennells Tompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis acute	1 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Unknown	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1949, to ....., 19....., that I last saw the deceased alive on May 7, 1949, and that death occurred at 2 a. m., from the causes and on the date stated above.

SIGNATURE James U Thompson (Degree or title) MD ADDRESS Cambridge, Md DATE SIGNED May 7, 49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Bethel
DATE THEREOF 5-10-49
~~NAME OF CEMETERY OR CREMATORY~~ Bethel
LOCATION (City, town, or county) Cambridge (State)

DATE REC'D BY LOCAL REG. 5-12-1949
REGISTRAR'S SIGNATURE John Mace Jr. M.D.
24. FUNERAL DIRECTOR Lewis H Barrneon ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 14 1949
BUREAU V. S.

04729

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Dorchester; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wingate | LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wingate

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wingate
STREET ADDRESS (If rural, give location): Bishops Head

3. NAME OF DECEASED (Type or Print): (First) FLORA (Middle) MATILDA PARKS (Last) LEWIS
4. DATE OF DEATH: (Month) May (Day) 8, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Divorced	2-15-1923	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Dorchester Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Logan B. Parks
14. MOTHER'S MAIDEN NAME: Rosie E. Woodland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Logan B. Parks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gun shot wound of head penetrating brain — Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

981
166

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Yard of home. | (CITY OR TOWN): Wingate | (COUNTY): Dor. | (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): May 8 49 3.30 P m | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Homicide. Shot by 32 pistol.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒ undetermined ☐.*

SIGNATURE: John Mace Jr. M.D. (Degree or title) Deputy Medical Examiner | ADDRESS: Cambridge, Md. | DATE SIGNED: 5/9/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5-10-1949 | NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park | LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: May 10, 1949 | REGISTRAR'S SIGNATURE: John Mace, J. M.D. | 24. FUNERAL DIRECTOR: LeCompte's Funeral Service | ADDRESS: Cambridge, Maryland

VS. A15A

RECEIVED
MAY 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04730

Reg. Dist. No. 115

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 437 High Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; STREET ADDRESS (If rural, give location) 437 High Street

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Stanley (Last) Parker

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Mar 15 1886

9. AGE last birthday: 63 yrs. If under 1 year: Months 1, Days 19; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Factory

11. BIRTHPLACE (State or foreign country): Cambridge, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Stanley

14. MOTHER'S MAIDEN NAME: Julia Cornish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Elsie Roles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 1 week

443 Antecedent cause(s)

931 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease, indet.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1949, to May 5, 1949, that I last saw the deceased alive on May 4, 1949, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Alvin Fauth M.D. ADDRESS: 301 Main Cambridge DATE SIGNED: 5-6-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 8 1949 | NAME OF CEMETERY OR CREMATORY: Waugh Cemetery | LOCATION (City, town, or county): Cambridge | (State): Md

DATE REC'D BY LOCAL REG. 5-7-1949 | REGISTRAR'S SIGNATURE: John Mace Jr. Reg.

24. FUNERAL DIRECTOR: Herbert M. St Clair Jr. | ADDRESS: Cambridge Md

VS. A15

RECEIVED
MAY 7 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04731

Reg. Dist. No. 116

Evidence for change of date of birth is on: FILM No. G 120 MAY 20 1949

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (in this place) 7 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Cemetary Ave.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hospital	STREET ADDRESS (If rural, give location) Cambridge

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EUGENE		PRICE	May	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Nov 15 1867	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Butcher	Grocery	Havre de Grace, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Price	Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	3 days
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fecal impaction	10 days
122.2	(c) Arteriosclerosis	15 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arthritis left wrist and spine.	2 yrs -

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from June, 1947, to May 13, 1949, that I last saw the deceased alive on May 12, 1949, and that death occurred at 8:50 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas E Bunker	M.D.	9 Race St. Cambridge Md.	5-13-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5-14-1949	Springhill Cemetery	Easton	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-13-1949	John Mace, J. M. D.	M. E. Newnam & Sons	Easton Maryland

RECEIVED
MAY 14 1949
BUREAU F. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04732

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Bishops Head
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bishops Head

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Bishops Head
STREET ADDRESS (If rural give location) Bishops Head

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) SPENCER (Last) ROBINSON
4. DATE OF DEATH: (Month) May (Day) 27, (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2/4/1887
9. AGE last birthday: 62 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James K. P. Robinson
14. MOTHER'S MAIDEN NAME: Eva Maria Bayliss
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Eva Bayliss Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 3 days.

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a (b) Arterio - Sclerosis — 7 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): None
TIME OF INJURY (Month) (Day) (Year) (Hour): None
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from May 1, 19 49 to May 27, 19 49, that I last saw the deceased alive on May 25, 19 49, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Hilton Emerson M.D. Cambridge Md 5-28-1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5/29/1949
NAME OF CEMETERY OR CREMATORY: Robinson Family Cemetery
LOCATION (City, town, or county) (State): Dorchester, Co., Md.

DATE REC'D BY LOCAL REG. 5-31-1949
REGISTRAR'S SIGNATURE: John Moore Jr
24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service Cambridge, Maryland.

RECEIVED
JUN 2 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04733

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge | LENGTH OF STAY (in this place) 4 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Bishops Head
STREET ADDRESS (If rural give location) Bishops Head

3. NAME OF DECEASED (Type or Print): (First) FRED. C. (Middle) (Last) ROBINSON

4. DATE OF DEATH: (Month) May (Day) 1, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5/2/1875

9. AGE last birthday: 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Bishops Head, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James P Robinson

14. MOTHER'S MAIDEN NAME: Willie F. "Robinson"

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Willie J. Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(c) Myocardial Failure	5 days.
334 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
97	(c) Psychoses with cerebral arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2, 1949 to 5/1, 1949, that I last saw the deceased alive on 5/1, 1949 and that death occurred at 3 a m., from the causes and on the date stated above.

SIGNATURE W. J. Stanley M.D. (Degree or title) ADDRESS Cambridge Md DATE SIGNED 5/3/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 5/3/1949 | NAME OF CEMETERY OR CREMATORY: Robinson Family Cem. | LOCATION (City, town, or county) (State): Bishops Head, Md.

DATE REC'D BY LOCAL REG. 5-4-1949 | REGISTRAR'S SIGNATURE John Mace, J. M. D.

24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service Cambridge, Maryland.

VS. A15

RECEIVED
MAY 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04734
Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (In this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crocheron
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FRED (Middle) LAYTON (Last) RUARK

4. DATE OF DEATH: (Month) May (Day) 10, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-12-1899

9. AGE last birthday: 49 yrs. — If under 1 year: Months 9, Days 28 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker of Gunning Club

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Bishops Head, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred E. Ruark

14. MOTHER'S MAIDEN NAME: Ella Bramble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Lassie Estelle Jones Ruark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gunshot wound of head penetrating brain.	36 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

976
164c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Front yard
(CITY OR TOWN) (COUNTY) (STATE): Wingate, Dorchester, Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): 5-8-49 3:30P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Suicide, shot self with 32-pistol.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): John Mace Jr M.D. Deputy Medical Examiner,
ADDRESS: Cambridge, Maryland
DATE SIGNED: May 10, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-10-49
NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park,
LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: May 10, 1949
REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.

24. FUNERAL DIRECTOR: LeCompte's Funeral Service,
ADDRESS: Cambridge, Maryland

RECEIVED
MAY 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04735

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Cambridge DORCHESTER MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN no
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS No

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE - MD. COUNTY DORCH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge md
STREET ADDRESS (If rural, give location) Washington

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Joshua Standley
4. DATE OF DEATH (Month) (Day) (Year) May 30 1949
5. SEX Mal
6. COLOR OR RACE Color
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH March 5, 1854
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY ml
11. BIRTHPLACE (State or foreign country) Cambridge
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Standley
14. MOTHER'S MAIDEN NAME Margret Standley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No.
17. INFORMANT Marry Kamper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure — 3 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease

420.0 93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-, 1949, to 6-30, 1949, that I last saw the deceased alive on 6-30, 1949, and that death occurred at 8 45 p.m., from the causes and on the date stated above.

SIGNATURE J. Edwin Fassett (Degree or title) ADDRESS 300 Main Cambridge Md. DATE SIGNED 6-2-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 3 1949
NAME OF CEMETERY OR CREMATORY Bethel Crematory
LOCATION (City, town, or county) Cambridge (State)
DATE REC'D BY LOCAL REG. 6-2-49
REGISTRAR'S SIGNATURE John Mace, Jr. MD
24. FUNERAL DIRECTOR Lewis H Baryner ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

104736

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Hubbard St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge Jesterville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) White (Last)

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1949

5. SEX: female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: about 1864

9. AGE last birthday: approx 85 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jesterville

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dorsey Jones

14. MOTHER'S MAIDEN NAME: Annie Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: John Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 1 week

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

331 / 830 (b) hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 25, 1949, to May 6, 1949, that I last saw the deceased alive on May 5, 1949, and that death occurred at 3 00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Edwin Fassett M.D. 300 Main Cambridge

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE: May 9 | NAME OF CEMETERY OR CREMATORY: Jesterville | LOCATION (City, town, or county) (State): Wicomico Md.

DATE REC'D BY LOCAL REG.: May 10, 1949 | REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.

24. FUNERAL DIRECTOR: Lewis H. Bayneum | ADDRESS: Cambridge, Md.

RECEIVED
MAY 11 1949
BUREAU V. S.

04737

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) 32 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS 400 Hughlett Street	STREET ADDRESS (If rural give location) 400 Hughlett Street

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) R. (Last) WILLEY				4. DATE OF DEATH (Month) May (Day) 11, (Year) 1949	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 9/1/1881	9. AGE last birthday 67 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Dorchester Co., Md.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Alfred R. Johnson			14. MOTHER'S MAIDEN NAME Amanda E. Murphy		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. Irving S. Willey		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) RIGHT CEREBRAL HEMORRHAGE — 10 days.

443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE CARDIOVASCULAR DISEASE

93d (c) ARTERIOSCLEROSIS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2, 1949, to 5/11, 1949, that I last saw the deceased alive on 5/11, 1949, and that death occurred at 8:20 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. T. G. Sanks M.D. — ADDRESS Cambridge Maryland — DATE SIGNED 5/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5/14/1949	NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	LOCATION (City, town, or county) (State) Cambridge, Maryland
DATE REC'D BY LOCAL REG. May 17, 1949	REGISTRAR'S SIGNATURE John Mace Jr. M.D.	24. FUNERAL DIRECTOR LeCompte's Funeral Service Cambridge, Maryland.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Strect, Baltimore

CERTIFICATE OF DEATH

04738

Reg. Dist. No. 11.5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linkwood
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linkwood
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) E. (Last) Wongus

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: October 6, 1864

9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elisha Wongus

14. MOTHER'S MAIDEN NAME: Caroline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Ethel M. Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval between onset and death: 1 month

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1949, to May 18, 1949, that I last saw the deceased alive on May 17, 1949, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE J. Edwin Fassett (Degree or title) MD ADDRESS 300 Main Cambridge Md DATE SIGNED 5-19-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE May 20, 1949

NAME OF CEMETERY OR CREMATORY Salem Colored Cemetery

LOCATION (City, town, or county) Salem, Maryland (State)

DATE REC'D BY LOCAL REG. May 23, 1949

REGISTRAR'S SIGNATURE John Mace, Jr. M.D.

24. FUNERAL DIRECTOR J.J. Frampton and Son ADDRESS Federalsburg, Md.

VS. A15

RECEIVED
MAY 25 1949
BUREAU V. S.